

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PATIENT PROPERTY RECEIPT

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

Money:

Credit Cards:

\$1    X    \_\_\_\_\_ = \_\_\_\_\_  
\$5    X    \_\_\_\_\_ = \_\_\_\_\_  
\$10   X    \_\_\_\_\_ = \_\_\_\_\_  
\$20   X    \_\_\_\_\_ = \_\_\_\_\_  
\$ \_\_\_\_ X    \_\_\_\_\_ = \_\_\_\_\_  
Coins                = \_\_\_\_\_  
Total                = \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Jewelry: \_\_\_\_\_  
\_\_\_\_\_

How is the property being transported to hospital? \_\_\_\_\_

Miscellaneous Articles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Sending Facility Staff Signature: \_\_\_\_\_

Ambulance Staff Signature: \_\_\_\_\_

Hospital Staff Signature: \_\_\_\_\_  
(Receiving Facility)

Patient's Destination: \_\_\_\_\_